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CLAIMS AS FILED - PART I (Column 1) (Column 2)											EA	лпү Э	OR	_	THAN ENTITY
ľ	OTAL CLAIMS	<u> </u>			75					RATE	E	FEE	1	RATE	FEE
F	OR .				NUM	SER FILED	NUMBER EXTRA			BASIC	EE	370.00	OR	BASIC FEE	740.00
TO	OTAL CHARGE	ABLE	CL	AIMS	25	minus 20=	• \$	·S		· X\$ 9	_		OR	X\$18=	90
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M	JLTIPLE DEPE	NDEN	IT C	LAIM F	RESENT		* 						OR		
- 3	the difference	e in c	ah ar	nn tie	less tha	n zero ente	r *0* in	'O' in column 3		+140=			OR	.+280=	
* If the difference in column 1 is less than zero, enter *0* in column 2									·	TOTA	L		OR	TOTAL	830
	GLAIMS AS AMENDED - PART II Glumn 1) (Column 2) (Column 2)									SMAL	LE	NTITY	OR	OTHER SMALL	
AMENDMENT A		RE	AFT	NING		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+140=	T		OR	+280=	
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į	3/2/5	(Ce	nulo	nn 1)		(Colum	nn 2)	(Column 3)	•	ODIT. FE	* L		1	VODIT. FEE	
AMENOMENT B		RE	CLAI MAII AFTI	MS NING	·	HIGH NUMI PREVIO PAID	EST BEA DUSLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
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Ĺ	4715 (Column 1) (Column 2) (Column 3)												ÓR A	TOTAL DOIT, FEE	
AMENDMENT C		CLAMS REMAINING AFTER AMENDMENT			HIGHE NUMB PREVIOU PAID F		ESY IER USLY	FR PRESENT		RATE	π	ADDI- IONAL FEE		RATE	'ADDI- TIONAL FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										t	— "	DR -		
• 11	the entry in colum	nya 1 ke	(229)	than th	e entry in c	olumn 2. write '	10° in col	யா ர 3.	L	+140=	L		DR	+280=	
-1	the "Highest Nurs the "Highest Nurs The "Highest Nurs	nber Pr nber P	revio revio	usly Pa wsly Pa	id For IN T id For IN T	HIS SPACE IS THIS SPACE IS	less than less than	1 20, enter "20." 1 3, enter "3."		TOTAL COIT, FEE In the 24	L			TOTAL DDIT, FEE MA 1.	

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